

## **CITY OF BREMERTON**

Tax & License Division
345 Sixth Street, Suite 100
Bremerton WA 98337-1891 Phone: (360) 473-5311 Fax: (360) 473-5300

www.bremertonwa.gov Email: taxinfo@ci.bremerton.wa.us

## **BUSINESS TAX RETURN**

NAME AND ADDRESS:					_	uestion ) 473-5		
					Accour	nt/Lice	nse No.	
			Tax Period Da		ate Due			
Be sure name & address are correct.								
Column 1  Business Classification	Column 2 Gross Amount In Bremerton	Column 3  Deductions  ***(explain below)***	Column 4 Exemption*	Column 5  Taxable Amount (Col 2 - Col 3 - Col 4)	Col 6 Rate	Ta	lumn 7 <b>x Due</b> 5 x Col 6)	
01 Retail (B & O)				\$ -	.00125	\$	-	
02 Wholesale/ MFG (B & O)				\$ -	.00160	\$	-	
03 Service ** (B & O)				\$ -	.00200	\$	-	
* If filing B & O tax you are eligible to take an Exemption of up to \$240,000 annually								
Enter your Exemption in Column #4 (See instructions for details)								
09 Amusement Device/Games				\$ -	.02000	\$	-	
10 Punchboard/Pulltab (profit)				\$ -	.03000	\$	-	
11 Punchbord/Pulltab (non-profit)				\$ -	.10000	\$	-	
12 Card Rooms (Player Backed)				\$ -	.10000	\$	-	
13 Card Rooms (House Backed)				\$ -	.02000	\$	-	
14 Bingo/Raffles				\$ -	.05000	\$	-	
16 Other Gambling				\$ -	.10000	\$	-	
21 Parking Lot				\$ -	.15000	\$	-	
26 Garbage Utility				\$ -	.09500	\$	-	
29 Cable Utility				\$ -	.07000	\$	-	
25 Telephone/24 Gas/23 Electric				\$ -	.06000	\$	-	
***Unexplained Deduc	tions Will No	t Be Allowed	***	Total of Column 7		\$	-	
Type of Deduction and Explanation Ame		Amou	unt Penalties (See Back)		:)	\$	-	
				Total Tax and Penal	ty	\$	-	
			Balance Forward					
				<b>Amount Paid</b>		\$	-	
**Service Income Apportion	nment Workshe	et is available on	our website ι	under Forms/Busi	ness/Fina	nce		

If you would like to close your account please complete:	Signature Required				
I discontinued doing business in Bremerton on (date):	The taxpayer hereby declares that he/she has read this				
I closed my business on (date):	tax return and certifies it to be correct:				
I sold my business on (date):	Print Name:				
New Owner's Name and Address and Phone #	Signed:				
	Title:				
	Phone:				
	Unsigned forms will be returned for signature				